

WHAT IS CLAIMED:

1. A method for ablating cardiac tissue of a patient employing sub-xiphoid access, the method including:

making a percutaneous incision proximal to the xiphoid to define an instrument receiving passage;

providing an ablation instrument including at least a pair of distal electrodes adapted to be connected to opposite terminals of an RF energy generator, the electrodes being disposed to engage cardiac tissue at a selected cardiac location to ablate tissue therebetween;

inserting the ablation instrument through the instrument receiving passage to a sub-xiphoid region;

advancing the ablation instrument through the sub-xiphoid region to the selected cardiac location; and

ablating the cardiac tissue at the selected location by energizing the electrodes.

2. The method of claim 1 wherein the step of advancing comprises positioning the electrodes of the ablation instrument in an intrapericardial space.

3. The method of claim 1 further including the steps of:

providing a locating instrument for identifying the selected

cardiac location, the locating instrument including an elongated body and a distal end;

inserting the locating instrument through the instrument receiving passage to the sub-xiphoid region;

advancing the locating instrument through the sub-xiphoid region to the selected cardiac location; and

identifying the selected cardiac location prior to ablation.

4. The method of claim 3 wherein the ablation instrument and the locating instrument are integrally connected as a single combined instrument.

5. The method of claim 3 wherein the step of advancing comprises positioning the distal end of the locating instrument in an intrapericardial space.

6. The method of claim 3 further comprising the step of creating a positive pressure within the intrapericardial space.

7. The method of claim 6 wherein the step of creating a positive pressure comprises introducing saline into the intrapericardial space for clear viewing of the selected cardiac location.

8. The method of claim 5 further comprising the step of separating the pericardium from the selected cardiac location.

9. The method of claim 1 wherein the step of ablating comprises creating at least one ablation line in an atria adjacent at least one of the right and left pulmonary veins.

10. The method of claim 1 wherein the step of ablating comprises creating a plurality of ablation lines at selected cardiac locations for treating atrial fibrillation.

11. The method of claim 10 wherein the plurality of ablation lines are disposed to create an electrical maze in the atrium.

12. A method for identifying cardiac tissue for ablation, the method including:

making a percutaneous incision proximal to the xiphoid to define an instrument receiving passage;

providing a locating instrument for identifying a selected cardiac location, the locating instrument including an elongated body and a distal end;

inserting the locating instrument through the instrument

receiving passage through a sub-xiphoid region;

advancing the locating instrument through the sub-xiphoid region to position the distal end within an intrapericardial space;

creating a positive pressure within the intrapericardial space by injecting a substantially clear fluid from the distal end into the intrapericardial space; and

identifying the selected cardiac location prior to ablation.

13. The method of claim 12 wherein the step of creating a positive pressure comprises introducing saline into the intrapericardial space for clear viewing of the selected cardiac location.

14. The method of claim 12 further comprising the step of manipulating the locating instrument to separate a pericardium from the selected cardiac location.

15. A method for identifying and ablating cardiac tissue, the method including:

making a percutaneous incision proximal to the xiphoid to define an instrument receiving passage;

providing a locating instrument for identifying a selected cardiac location, the locating instrument including an elongated

body and a distal end;

providing an ablation instrument including at least a pair of distal electrodes adapted to be connected to opposite terminals of an RF energy generator, the electrodes being disposed to engage cardiac tissue at the selected cardiac location to ablate tissue therebetween;

inserting the locating instrument through the instrument receiving passage to a sub-xiphoid region;

advancing the locating instrument through the sub-xiphoid region to the selected cardiac location;

identifying the selected cardiac location prior to ablation;

inserting the ablation instrument through the instrument receiving passage to the sub-xiphoid region;

advancing the ablation instrument through the sub-xiphoid region to the selected cardiac location; and

ablation the cardiac tissue at the selected location by energizing the electrodes.

16. The method of claim 15 wherein the ablation instrument and the locating instrument are integrally connected as a single combined instrument such that the steps of inserting the locating and ablation instruments are performed simultaneously and the steps of advancing the locating and ablation instruments are performed

simultaneously.

17. The method of claim 15 wherein the step of ablating comprises creating at least one ablation line in the atria adjacent at least one of the right and left pulmonary veins.
18. The method of claim 15 wherein the step of ablating comprises creating a plurality of ablation lines at selected cardiac locations for treating atrial fibrillation.
19. The method of claim 18 wherein the plurality of ablation lines are disposed to create an electrical maze in the atrium.

*Adkt 1*